Effective December 29, 1999  Og 609 250												SD	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (2)			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER	NUMBER EXTRA		E	FEE	٠٠	RATE	FEE	
BASIC FEE			70 m. 1	Section Committee	ans	and the second	Jan		345.00	OR	• • •	690.00	
TOTAL CLAIMS			19	minus 2				)= '		OF	X\$18=		
INDEPENDENT CLAIMS			Q minus 3 = •				X39	-		OR	X78≃		
MULTIPLE DEPENDENT CLAIM PRESENT								) <del>-</del>		OR	+260=	260	
* If the difference in column 1 is less than zero, enter *0" in column 2							TOT	AL		OR	TOTAL	950	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								LL	ENTITY	OR	OTHER SMALL		
NT A	·	CL REM AF	AIMS AINING FTER NOMENT	,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	٠ 3		Minus	-20	-12	Х\$	)=		OA	X\$18=	216	
ME	Independent	• 4	/	Minus	<u>3</u>	-/	X39	)=		OR	X78≂	8600	
_	FIRST PRESE	NTATIC	ON OF ML	LTIPLE DEI	PENDENT CLAIM		+13	 )=		OR	+260=		
										00	TOTAL		
ADDIT. FCC													
AMENDMENT B	12/13/64	CL REM	umn 1) AIMS IAINING FTER NOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
	Total	•		Miqus	"1010	2	X\$	) <u>-</u>	-	OR	X\$18=	-	
	Independent	•		Minus U	A VV	=	X3!	)=	_	OR	X78≠		
_	FIRST PRESE	NTATIO	ON OF MI	LIIPLE DE	PENDENT CLAIM		+13	0=		OR	+260=		
BEST AVAILABLE COPY								FEE	·	OR	TOTAL ADDIT, FEE		
_		(Co	lumn 1) LAIMS		(Column 2) HIGHEST	(Column 3)			ADDI			ADDI-	
AMENDMENT C		REA	AAINING IFTER NOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	Æ	ADDI- TIONAL FEE		RATE	TIONAL	
	Total	•		Minus	••	3	X\$	9= ·		ОЯ	X\$18=		
	Independent	•		Minus	•••	=	ХЗ	<del>)</del> =		OR	X78=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 0=		OR	+260=		
the the cost of in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL		
]:	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEE ADDIT, FEE ADDIT, FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 12/99) Application or Docket Number